

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED TONG, RONG HUA		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 1:05-000049-004	4. DIST. DKT./DEF. NUMBER 1:05-000072-004	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. TONG	8. PAYMENT CATEGORY Petty Offense	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 8 1325.P -- IMPROPER ENTRY BY ALIEN -- FIRST OFFENSE

12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation: \$ _____ OR
☐ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)

Signature of Attorney _____

Date _____

☐ Panel Attorney ☐ Retained Atty ☐ Pro-Se ☐ Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court _____

Date of Order _____

Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

14. TYPE OF SERVICE PROVIDER

- | | |
|--|---|
| 01 <input type="checkbox"/> Investigator | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 02 <input checked="" type="checkbox"/> Interpreter/Translator | 21 <input type="checkbox"/> Jury Consultant |
| 03 <input type="checkbox"/> Psychologist | 22 <input type="checkbox"/> Mitigation Specialist |
| 04 <input type="checkbox"/> Psychiatrist | 23 <input type="checkbox"/> Duplication Services (See Instructions) |
| 05 <input type="checkbox"/> Polygraph Examiner | 24 <input type="checkbox"/> Other (specify) _____ |
| 06 <input type="checkbox"/> Documents Examiner | |
| 07 <input type="checkbox"/> Fingerprint Analyst | |
| 08 <input type="checkbox"/> Accountant | |
| 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) | |
| 10 <input type="checkbox"/> Chemist/Toxicologist | |
| 11 <input type="checkbox"/> Ballistics Expert | |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert | |
| 13 <input type="checkbox"/> Pathologist/Medical Examiner | |
| 14 <input type="checkbox"/> Other Medical Expert | |
| 15 <input type="checkbox"/> Voice/Audio Analyst | |
| 16 <input type="checkbox"/> Hair/Fiber Expert | |
| 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) | |
| 18 <input type="checkbox"/> Paralegal Services | |
| 19 <input type="checkbox"/> | |

16. SERVICES AND EXPENSES

(Attach itemization of services and expenses with dates)

AMOUNT CLAIMED

MATH/TECHNICAL
ADJUSTED AMOUNTADDITIONAL
REVIEW

a. Compensation

b. Travel Expenses (lodging, parking, meals, mileage, etc.)

c. Other Expenses

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS ☐ Final ☐ Interim Payment Number _____ ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: _____

Date: _____

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: _____

Date: _____

19. TOTAL COMPENSATION

20. TRAVEL EXPENSES

21. OTHER EXPENSES

22. TOT. AMT APPROVED/CERTIFIED

23. ☐ Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
☐ Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.

Signature of Presiding Judicial Officer _____

Date _____

Judge/Mag. Judge Code _____

24. TOTAL COMPENSATION

25. TRAVEL EXPENSES

26. OTHER EXPENSES

27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____

Date _____

Judge Code _____

FILED
DISTRICT COURT OF GUAM

MAR -2 2006

MARY L.M. MORAN
CLERK OF COURT